

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-676)**

SERIAL NO.  
**1240409**  
APPLICANT(S)

FILING DATE  
**8-17-00**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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TOTAL	4					
TOTAL	34	13				

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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